

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

IAD073489288

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977FORM  
ICIRSP. B. IDENTIFICATION AND  
CERTIFICATION

MAR - 2 1998

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input type="checkbox"/> or → Allamakee	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address P.O. Box 977		
C. City, town, village	D. State	E. Zip Code

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name Loven	First name Scott	M.I. R.	B. Title HSE Manager	C. Telephone Number 319 864-7331 Extension 4227
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**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name Gilbert	First name James W.	M.I.	B. Title Plant Manager
C. Signature James Gilbert			D. Date of signature 02 26 98 Month Day Year

RCRIS data entered

by PCN Nowce  
on 3/9/98

R00077232

RCRA Records Center

Over →

**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

**SKIP TO SEC. VI**

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
 ☐ 5 Periodic or occasional generator  
☐ 2 Out of business
 ☐ 6 Waste minimization activity  
☐ 3 Only excluded or delisted waste
 ☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)  
☐ 4 Only non-hazardous waste

<b>Sec. VI</b>	On-site waste management status. Instructions page 10.
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**A. Storage subject to RCRA permitting requirements**

1

**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**

Comments:



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## U.S. ENVIRONMENTAL PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>					
A. Waste description (page 12) <i>Ignitable liquid, mixture contains rags, acetone &amp; toluene from treater cleanup.</i>					
B. EPA hazardous waste code (page 12) <i>F005</i> <i>0001</i> <i>F003</i> <i>NA</i> <i>NA</i>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <i>3083</i>	E. Origin code (page 13) <i>1</i> System Type <i>M</i> _____	F. Source code (page 14) <i>A09</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>B203</i>	I. RCRA-radioactive mixed (page 14) <i>40</i>

<b>Sec. II</b>		A. Quantity generated in 1997 (page 15) <i>000003205.0</i>		B. UOM (page 15) <i>1</i> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) <i>M</i> _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <i>M</i> _____	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____			

<b>Sec. III</b>				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>0#D093945293</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000000600.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>WID990829475</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000002605.0</i>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <i>M</i> _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b> A. Waste description (page 12) <i>Ignitable solvent mixture from process cleanup &amp; distillation process. Contains resins, acetone</i>					
B. EPA hazardous waste code (page 12) <i>0001 F003 F005</i>			C. State hazardous waste code (page 13)		
D. SIC code (page 13) <i>3083</i>		E. Origin code (page 13) <i>1</i> System Type <i>M</i>		F. Source code (page 14) <i>A35</i>	
		G. Point of measurement (p. 14) <i>1</i>		H. Form code (page 14) <i>B203</i>	
I. RCRA-radioactive mixed (page 14) <input checked="" type="checkbox"/>					

<b>Sec. II</b> A. Quantity generated in 1997 (page 15) <i>000170910.0</i>		B. UOM (page 15) <i>1</i> Density <i>1.32</i> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type (page 16) <i>M021</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>00011132.0</i>		On-site process system type (page 16) <i>M12A</i>	
				Quantity treated, disposed, or recycled on site in 1997 (page 16) <i>1214</i>	

<b>Sec. III</b> A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>010 093 945 293</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000036850.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>W10 990 829 475</i>	C. System type shipped to (p. 17) <i>M061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000134060.0</i>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)

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1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Ignitable solvent, resin, water mixture contains acetone &amp; Toluene</i>				
	B. EPA hazardous waste code (page 12) <i>D001 F003 F005</i>		C. State hazardous waste code (page 13)		
D. SIC code (page 13) <i>3083</i>	E. Origin code (page 13) <i>1</i>	F. Source code (page 14) <i>35</i>	G. Point of measurement (p. 14) <i>1</i>	H. Form code (page 14) <i>201</i>	I. RCRA-radioactive mixed (page 14) <input checked="" type="checkbox"/>

Sec. II	A. Quantity generated in 1997 (page 15) <i>0000031150.0</i>	B. UOM (page 15) <i>1</i> Density <i>1.1</i> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <i>1</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16) <i>1</i>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>041D 093 945 293</i>	C. System type shipped to (p. 17) <i>061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000008450.9</i>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>W11D 990 829 475</i>	C. System type shipped to (p. 17) <i>061</i>	D. Off-site availability code (page 17) <i>1</i>	E. Total quantity shipped in 1997 (page 17) <i>000012700.9</i>
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)

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<b>Sec. I</b>		A. Waste description (page 12) <i>Ignitable solvent used for parts washer, Contains petroleum naptha</i>			
B. EPA hazardous waste code (page 12)		D. SIC code (page 13)		C. State hazardous waste code (page 13)	
<i>0139 0008</i> <i>0118 0140</i>		<i>3083</i>			
E. Origin code (page 13)		F. Source code (page 14)		G. Point of measurement (p. 14)	
<i>1</i> System Type <i>M</i>		<i>09</i> <i>A</i>		<i>1</i>	
H. Form code (page 14)		I. RCRA-radioactive mixed (page 14)			
<i>B 203</i>		<i>2</i>			
<b>Sec. II</b>					
A. Quantity generated in 1997 (page 15)		B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
<i>000000008.0</i>		<i>G</i> Density <i>1</i> <i>1</i> <i>1</i> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16)	
<i>M</i>					
<b>Sec. III</b>		A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)			
		<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
	<i>WID 980 896 641</i>	<i>M 029</i>	<i>1</i>	<i>000000008.0</i>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
		<i>M</i>			
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	
		<i>M</i>			
Comments:					

